FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Mark Weithorn for Miami Beach Commission Name (2) 1130 Stillwater Drive Address (number and street) Miami Beach, FL 33141-0000 City, State, Zip Code	OFFICE USE ONLY CITY CLERK'S OFFICE				
Check box if address has changed (4) Check appropriate box(es): X Candidate (office sought): Miami Beach Commission Group 5 Political Committee Committee Committee Committee Committee Committee Check if PC has DISBANDED Party Executive Committee Check if CCE has DISBANDED Electioneering Communication Check if no other electioneering communication reports will be filed					
(5) REPORT IDENTIFIERS Cover Period: From 10/30/2015 To 12/30/2015 Report Type: 772-90 X Original Amendment Special Election Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS R					
Cash & Checks \$616.40	Monetary Expenditures \$7,275.51 Transfers to Office				
Loans \$0.00 Total Monetary \$616.40	Account \$0.00 Total Monetary \$7,275.51				
In-Kind\$0.00_	(8) Other Distributions \$0.00				
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date				
\$112,749.40	\$112,749.40				
(11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true, correct and complete	I certify that I have examined this report and it is true, correct and complete				
Mark Weithorn Individual (only for electioneering commun.) Mark Weithorn Deputy Treasurer Deputy Treasurer	Mark Weithorn Chairman (only for PC, PTY & electioneering commun. organization)				
Signature	Signature				

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Mark Weithorn for Miami Beach Commission			(2) I.D. Number		00000	
(3) Cover Perio	od 10/30/2015 - 12/30/2015	· · · · · · · · · · · · · · · · · · ·		(4) Pag	је	1 of 1	·
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Cor Type	ntributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
12/23/2015	Comcast Spotlight 1800 NW 49th Street Ft. Lauderdale, FL 33309-0000	В	REINBUR.	CHE			\$ 616.40
000001							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mark Weithorn for Miami Beach Commission (2) I.D. Number 00000 (3) Cover Period 10/30/2015 - 12/30/2015 1 of 1 (4) Page (5) (8) (10)(7) (9) (11)Date Full Name (Last, Suffix, First, Middle) (6) Purpose Street Address & (add office sought if Expenditure Amendment Amount City, State, Zip Code Number contribution to a candidate) Туре MON \$ 250.00 11/02/2015 Arango, Nicole Campaign Worker 22018 SW 89th Ct. Cutler Bay, FL 33186-0000 000001 Rodriguez, Zoe Campaign Worker MON \$ 250.00 11/02/2015 14624 SW 95th Lane Miami, FL 33186-0000 000002 Diaz Consulting MON \$ 2.910.71 Campaign Consulting 11/02/2015 PO Box 454351 Miami, FL 33245-0000 000003 Facebook \$49.23 Advertising MON 11/02/2015 1 Hacker Way Menlo Park, CA 94025-0000 000004 City Debate Publishing **Email Services** MON \$ 250.00 11/04/2015 6538 Collins Ave Miami Beach, FL 33171-0000

Reimbursement of

Reimbursement of

Loan

Loan

MON

MON

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000005

000006

000007

12/26/2015

11/06/2015

Weithorn, Mark

Weithorn, Mark

1130 Stillwater Drive

1130 Stillwater Drive

Miami Beach, FL 33141-0000

Miami Beach, FL 33141-0000

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\$ 300.00

\$3,265.57

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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

THIS FORM APPLIES TO POLITICAL COMMITTEES, COMMITTEES OF CONTINUOUS EXISTENCE AND PARTY EXECUTIVE COMMITTEES ONLY.

(1) Name	Mark Weithorn for Miami Beach Commission		(2) I.D. Number00000			
(3) Cover Perio	od 10/30/2015 - 12/30/2015	(4) Page 0 of 0				
(5)	(7)	(8)	(9)	(10)	(11)	
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Related Expenditures	Amendment	Amount	
	Nothing to report on the					
	•				, ,	

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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name				00000	00	
(3) Cover Perio				0 of 0	····	
(5)	(7)	(8)	(9)	(10)	(11)	
Date (6) Sequence Number	Name of Financial Institution Street Address & City, State, Zip Code	Transfer Type	Nature of Account	Amendment	Amount	
	Nothing to report on thi	s form				
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					······································	

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C174 CLERK

C174 OF MIANI BEACH

1700 CONVENTION CONTENDATOR

MIANI BEACH, FL 33139